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December 8, 2009

California Department of Mental Health ATTN: MHSA Plan Review 1600 9th Street, Room 100 Sacramento, CA 95814

Dear Assistant Deputy Director:

The County of San Diego, Health and Human Services Agency (HHSA), Behavioral Health Services (BHS) submits the following request to amend our existing Mental Health Services Act (MHSA) Agreement. This amendment takes the form of consolidating forty Community Services and Supports (CSS) work plans into seven CSS work plans. This request is in response to DMH Information Notice No: 08-28, Proposed Guidelines for the Mental Health Services Act (MHSA) Fiscal Year (FY) 2009/2010 Annual Update to the Three-Year Program and Expenditure Plan.

Executive Summary of CSS Consolidated Work Plans

This modification consolidates forty current work plans into seven work plans. By condensing similar projects under these seven work plans, reporting will be streamlined. Attached is a crosswalk for a cross-reference to the new CSS work plan names and numbers.

The FY 2009/10 Annual Update was made available for public review and comment for a 30-day period (pursuant to Welfare and Institutions Code §5848(a)) from November 4, 2009 to December 3, 2009. The FY 2009/10 Annual Update was posted electronically on our community access web site and sent via e-mail distribution to Council and Board participants

The attached documents provide all requirements of the Plan Update Process as described in DMH Information Notice No: 08-28. We request your approval of the CSS Consolidated Work Plans for Fiscal Year 2009/10. We appreciate your consideration of this request.

Submitted by,

ALFREDO AGUIRRE, LCSW

Deputy Director

Mental Health Services

CC:

MHSOAC

Crosswalk for CSS Consolidated Work Plans

New ID	New Program Name	Old ID	Old Program Name
		CY-3	Cultural/Language Specific Outpatient
CY-FSP	Children and Youth	CY-5.3	Homeless and Runaways
01-1-01	Full Service Partnerships	CY-7	Wraparound Services
	Children and Youth Outreach & Engagement		Case Management
CY-OE	Outreach & Engagement		School and Home Based Services
OT-OL	Outreach & Engagement		Outpatient Court Schools and Outreach
		CY-2.1	Family and Youth Information and Education Program
	Children and Youth Full Service Partnerships Children and Youth Outreach & Engagement Children and Youth System Development Transition Age Youth, Adult & Older Adult Full Service Partnerships Transition Age Youth, Adult & Older Adult Full Service Partnerships	CY-2.2	Family and Youth Peer Support Services
07.00		CY-4.2	Mobile Psychiatric Emergency Response and Children's Walk-In Assessment Center, North County
CY-SD	System Development	CY-5.1	Medication Support for Dependents and Wards
		CY-6	Early Childhood Mental Health Services
		CY-8	Child Welfare Supportive Services and Treatment
		CY-9	Juvenile Justice and Probation Services
		A-1	Homeless Integrated Services and Supported Housing
		A-2	Justice Integrated Services and Supported Housing
		TAY-1	Integrated Services and Supported Housing
TAOA-FSP	Transition Age Youth, Adult & Older Adult	TA-1	Intensive Case Management (formerly SD)
TAOA-1 OF	Full Service Partnerships	TA-2	Dual Diagnosis Residential Treatment Program
			High Utilizer Integrated Services and Supported Housing
		TAOA-3	Housing Trust Fund
		TAOA-5	Mental Health Court Calendar
		A-3	Client-Operated Peer Support Services
		A-4	Family Education Services
		A-5	Clubhouse Enhance and Expand with Employment
		A-6	Supported Employment Services
		A-10	Patient Advocacy for Board and Care Facilities
TAOA-SD	Transition And Variable Advite Colden Advite	TAY-2	Clubhouse and Peer Support Services
IAOA-OD		TAY-4	Enhanced Outpatient Mental Health Services
		OA-2	Mobile Outreach at Home and Community
		OA-4	Strength Based Case Management
		AOA-1	Enhanced Outpatient Mental Health Services
		TAOA-1	Legal Aid Services
			North County Walk-in Assessment Center
		TAOA-4	Peer Telephone Support Expansion
		ALL-1	Services for Deaf and Hard of Hearing
ALL-OE	<u> </u>	ALL-2	Services for Victims of Trauma and Torture
	5 5	ALL-6	MHS and PC Services Integration
	A II A =: = =	ALL-4	Interpreter Services
ALL-SD	All Ages System Development	ALL-5	Psychiatric Emergency Response
	•	ALL-7	Chaldean Outpatient Services

EXHIBIT A

COUNTY CERTIFICATION MHSA FY 2009/10 ANNUAL UPDATE

County Name: County of San Diego

County Mental Health Director	Project Lead
Oddity Mental Health Director	FIGECTLEAG

Name: Alfredo Aguirre, LCSW Name: Philip A. Hanger, Ph.D.

Telephone Number: (619) 563-2700 Telephone Number: (619) 584-5022

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Mailing Address:

3255 Camino del Rio South P-531C San Diego, CA 92108

I hereby certify that I am the official responsible for the administration of public community mental health services in and for said County and that the County has complied with all pertinent regulations, laws and statutes for this Annual Update. Mental Health Services Act funds are and will be used in compliance with Welfare and Institutions Code Section 5891 and California Code of Regulations (CCR), Title 9. Section 3410, Non-Supplant.

This Annual Update has been developed with the participation of stakeholders, in accordance with CCR, Title 9, Sections 3300, 3310(d) and 3315(a). The draft FY 09/10 Annual Update was circulated for 30 days to stakeholders for review and comment and a public hearing was held by the local mental health board or commission. All input has been considered with adjustments made, as appropriate.

All documents in the attached FY 2009/10 Annual Update are true and correct.

12/8/2009

Date

Title

Local Mental Health Director/Designee

Mental Health Director

EXHIBIT B

Description of Community Program Planning and Local Review Processes MHSA FY 2009/10 ANNUAL UPDATE

County Name: County of San Diego

Instructions: Utilizing the following format please provide a brief description of the Community Program Planning and Local Review Processes that were conducted as part of this Annual Update.

1. Briefly describe the Community Program Planning Process for development of the FY 2009/10 Annual Update. It shall include the methods for obtaining stakeholder input. (suggested length – one-half page)

The County of San Diego integrated information from the extensive CSS Planning process, data from the MHSA Gap Analysis, and community input from our stakeholder-led councils (Children's System of Care Council, Adult System of Care Council, Older Adult System of Care Council, and Mental Health Board) in the development of our MHSA FY 2009/2010 Annual Update.

The Councils provide a forum for both Council representatives and the public to stay informed and involved in the planning and implementation of MHSA programs. The members of these councils received draft materials and presentations by Dr. Philip Hanger (MHSA Coordinator) on DMH guidelines and the County's proposal for the Annual Update. Community input from these councils was collected during the FY 2009/2010 planning phase and considered during development of the Annual Update. Council members also shared MHSA information with their constituents and other groups involved in mental health services and issues.

In addition, the MHSA Planning Team utilizes an extensive list of interested parties (e.g., stakeholders, providers, consumers, family members) to send updates and communications about planning meetings, documents, and proposed updates to the MHSA Plan. Annual Update information and input requests were e-mailed to other stakeholder distribution lists, including the Mental Health Coalition and Contractor's Association.

Community and stakeholder input was also solicited and received via telephone (local and toll-free lines), internet, and e-mail using the County's MHSA Proposition 63 comment/question line.

2. Identify the stakeholder entities involved in the Community Program Planning Process.

Membership within the Children's, Adult, and Older Adult System of Care Councils includes consumers and family members, as well as other key stakeholders in the community such as providers, program managers, representatives of consumer and family organizations, advocacy groups, education representatives, and County partners.

EXHIBIT B

The Mental Health Board is comprised of consumers, family members, and individuals from the mental health field representing each of the five County Supervisor districts.

The County's Behavioral Health Services Division is comprised of Mental Health Services and Alcohol and Drug Services (ADS) working together to meet the needs of the community. Throughout MHSA planning activities, ADS providers offered essential input on the need for specialized mental health assistance for clients currently receiving treatment in ADS-contracted programs. ADS input was received during numerous community forums, as well as through the ADS Providers Association and monthly ADS Provider meetings.

Other stakeholder entities involved in the planning process included consumers, stakeholders, providers, and family members with an interest in the development of the County's Annual Update who provided input via telephone, mail, or e-mail.

3. Describe how the information provided by DMH and any additional information provided by the County regarding the implementation of the Community Services and Supports (CSS) component was shared with stakeholders.

CSS implementation information from DMH and San Diego County was publicly posted with the Clerk of the Board of Supervisors, available online on the County's Network of Care website, and distributed in hard copy and electronic format. Recipients of this information included participants in the planning process, interested parties, stakeholders, community members, and Council and Mental Health Board members.

The County also maintains an extensive public distribution list to disseminate MHSA-related information and materials. Electronic documents and/or links to pertinent materials and information are continuously sent to parties on this distribution list.

4. Attach substantive comments received about the CSS implementation information and responses to those comments. Indicate if none received.

The County of San Diego did not receive substantive comments regarding CSS implementation information.

5. List the dates of the 30-day stakeholder review and public hearing. Attach substantive comments received during the stakeholder review and public hearing and responses to those comments. Indicate if none received.

The County of San Diego conducted a 30-day stakeholder review period for the MHSA FY 2009/2010 Annual Update from November 4 to December 3, 2009.

County Name	COMMUNITY SERVICES AND SUPPORTS
County of San Diego	Annual Number of Clients to Be Served
Work Plan Title	<u>1,420</u> Total
	Number of Clients By Funding Category
CY-FSP: Children and Youth Full Service Partnerships	1,420 Full Service Partnerships
	System Development
Population to Be Served	Outreach & Engagement
This program serves children, youth, and transition age youth (TAY) up to age 21, who have a diagnosis of serious emotional disturbance or serious mental illness and their families. Special targeted populations include indigent/unserved Latinos and Asian/Pacific Islanders (API), homeless or runaway children and youth, and children and youth who are Medi-Cal eligible, transitioning home or to a home-like setting from residential-based services, and at risk of returning to a higher level of care.	PREVENTION AND EARLY INTERVENTION Annual Number to Be Served Total Number of Clients By Type of Prevention Early Intervention Indicated/Selected Universal

Work Plan Description

*This work plan has been consolidated and includes the following old work plans: CY-3, CY 5.3, CY-7 and CY-10.

This program provides an array of full service partnership services including assessment, case management, intensive mental health services and supports, psychiatric services, referrals, linkage with community organizations and co-occurring services. Services are strength-based, family-oriented, focus on resilience and recovery, and encompass mental health education, outreach, and a range of mental health services as required by the needs of the target populations. This program offers three targeted approaches.

- <u>Cultural/Language Specific Services</u> is based on principles of community involvement, cultural and linguistic competence, and outreach to underserved Latino and Asian/Pacific Islander (API) children and youth and their families.
- Homeless and Runaway Services focuses on conducting outreach and engagement to homeless youth, making connections with homeless-specific community organizations, and linking clients to existing homeless youth outreach workers and community resources.
- Child Welfare Services (CWS) and Probation Department Services provide highly individualized services to maximize the capacity of the family to meet the child's needs, thereby reducing the child's level of care from a group home placement to a home or home-like setting. In addition, Early Periodic Screening Diagnosis and Treatment (EPSDT) services provide medication support for children and adolescents who are full scope Medi-Cal beneficiaries.
- Clinic-Based Services are provided in six locations throughout the County to a diverse range of children, youth, and families. These services are designed to promote access to medical, social, rehabilitative, or other needed community services and supports. Case managers/rehabilitation workers provide mental health rehabilitative services, home visits, and assistance to parents to manage treatment appointments and service plans. Many case managers/rehabilitation workers have bilingual language capacity to serve parents who are often monolingual.

This program furthers the goals of the MHSA by providing culturally competent, wraparound services for identified unserved and underserved populations with a focus on family inclusion. Services are designed to address access disparities and reduce stigma associated with mental health services and treatment. The program also strives to reduce institutionalization and promote integrated service experiences for clients and families.

County Name County of San Diego Work Plan Title CY-OE: Children and Youth Outreach and Engagement	Annual Number of Clients to Be Served 685 Total Number of Clients By Funding Category Full Service Partnerships System Development
This program serves children and youth, up to age 18, with serious emotional disturbance who are indigent and unserved or underserved and their families. Targeted outreach is made to Latino youth and youth involved in the juvenile justice system and associated community schools and children and youth with co-occurring disorders.	PREVENTION AND EARLY INTERVENTION Annual Number to Be Served Total Number of Clients By Type of Prevention Early Intervention Indicated/Selected Universal
Work Plan Description	

*This work plan has been consolidated and includes the following old work plans: CY-1 and CY-5.2.

This program offers outreach and engagement, assessment, medication management, case management, referral and linkage, co-occurring mental health/substance use treatment, and individual, group, and family therapy. Services are individualized, culturally-competent, resilience-focused, strength-based, and designed to have families and youth actively participate in the development of their treatment plans. This countywide program provides two approaches.

School-Based and Home Services offers evidenced-based services at designated school sites during regular hours. Family services and services after school hours or during school breaks are offered in the home or office-based locations. Service providers work closely with school personnel to engage and support youth and their families in defining their vision and purpose, which then can be translated into strength-based goals. Juvenile Court and Community School services are designed to assist youth in returning to their home school districts in order to increase academic success. This program is dual-diagnosis capable.

This program addresses MHSA goals by increasing timely access to care for indigent children and youth who would otherwise remain unserved/underserved and by providing client and family-driven, strength-based, culturally-competent, and recovery-oriented services in school and community-based settings. The program strives to reduce institutionalization and promote integrated service experiences for clients and families.

children and youth placed at home, foster care, or small group home at risk of a change in placement (i.e., placement at a higher level of care and therefore at risk of being removed from their

home, foster home, or small group home).

County Name County of San Diego	COMMUNITY SERVICES AND SUPPORTS Annual Number of Clients to Be Served
Work Plan Title	<u>6,816</u> Total
CY-SD: Children and Youth System Development	Number of Clients By Funding Category Full Service Partnerships
Population to Be Served	System Development Outreach & Engagement
This program serves children and youth, up to age 18, with serious emotional disturbance and their families. Special outreach is made to unserved and underserved populations including Latinos and Asian/Pacific Islanders, children and youth referred by the Probation Department and Kearny Mesa Juvenile Detention Facility, youth who reside in residential treatment facilities, and	PREVENTION AND EARLY INTERVENTION Annual Number to Be Served Total Number of Clients By Type of Prevention Early Intervention Indicated/Selected

Work Plan Description

This work plan has been consolidated and includes the following old work plans: CY-2.1, CY-2.2, CY-4.2, CY-5.1, CY-6, CY-8 and CY-9.

This work plan consists of a number of different programs designed to transform the mental health system.

- <u>Family and Youth Peer Support and Partner Services</u> hires family members to provide support, education, information, linkage to services, and advocacy for children, youth, and their families. This program offers leadership training opportunities enabling family and youth partners, who have experience with the mental health system, to serve as role models and leaders for the community. Other activities include treatment meetings, care planning, wraparound meetings, intake and assessments, case management, and home visits.
- Crisis Intervention Services aim to prevent escalation, promote management of mental illness, increase safety, and reduce unnecessary and costly utilization of emergency and inpatient services. This program is staffed by one mobile team that provides emergency mental health evaluations, crisis intervention, linkage, and treatment plan development. The program refers and links individuals to services as an alternative/diversion to hospitalization when clinically indicated.
- Screening and Medication Management Services provide short-term stabilization treatment with psychotropic medication, case management, and linkage to on-going treatment. Services include psychiatric evaluation, consultation, assessment, and medication monitoring. The program also offers screening, brief interventions, and referral for clients with co-occurring disorders.
- <u>Early Childhood Services</u> provide family therapy for children age 0-5. The goal of this program is early treatment intervention in order to increase resilience of the child and family, prepare the child to function in school, and enable the child to interact appropriately with other children. Program staff lead parent groups, parent and child interaction training, trauma intervention, and social skills training for young children.
- Supportive Services and Treatment Program works in conjunction with Child Welfare Services (CWS) and the Department of Probation to provide a full range of rehabilitation options designed to: 1) return children and youth to their family or family-like settings, 2) deter children and youth from being placed in a higher level of care, and 3) stabilize placement. Clients receive case management, assessment, life-skills training, therapeutic support for substance abuse issues, employment support, and specialized treatment. The program also includes a peer mentorship program. Peer mentors serve as a bridge to the adult environment by providing inspiration and hope as youth prepare to leave the San Pasqual Academy.

This program advances goals of the MHSA by:

- Promoting rehabilitation and recovery for an underserved/unserved group of individuals.
- Increasing client and family participation in service delivery by hiring family members to provide direct service and peer support.
- Offering education to decrease stigma associated with mental health services.
- Minimizing barriers and increasing access to integrated, family-driven services and supports.
- Providing services for clients using the least restrictive environments.

County Name County of San Diego	
Work Plan Title	
TAOA-FSP: Transition Age Youth, Adult and Older Adult Full Service Partnership	
Population to Be Served	

This program serves unserved or underserved transition age youth (TAY, age 16 to 24), adults (age 25-59), and older adults (age 60 and above) who have a diagnosis of serious mental illness (SMI) and may have a co-occurring substance use disorder. These individuals may be homeless or at risk of becoming homeless, living in a locked long-term care or skilled nursing facility, high users of acute inpatient care and medical services, under the care of institutions or at the risk of institutionalization or have active or recent criminal justice involvement. The program also reaches out and engages women, African-Americans, Latinos, and Asian/Pacific Islanders with SMI. A special component of this work plan serves adults with SMI who have current, recent and/or repeat criminal justice involvement and who are willing to voluntarily participate in a mental health court calendar program in lieu

COMMUN	ITY SERVICES AND SUPPORTS
Annual Nu	mber of Clients to Be Served
3,368	Total
Number of	Clients By Funding Category
3,368	Full Service Partnerships
	System Development
	Outreach & Engagement
	0 0
	ON AND EARLY INTERVENTION mber to Be Served
Annual Nu	mber to Be Served _ Total
Annual Nu	mber to Be Served _ Total · Clients By Type of Prevention
Annual Nu	mber to Be Served _ Total Clients By Type of Prevention _ Early Intervention
Annual Nu	mber to Be Served _ Total · Clients By Type of Prevention
Annual Nu	mber to Be Served _ Total Clients By Type of Prevention _ Early Intervention

Work Plan Description

of incarceration.

*This work plan has been consolidated and includes the following old work plans: A-1, A-2, TAY-1, TA-1, TA-2, OA-1, TAOA-3 and TAOA-5.

This program provides integrated services with supported housing (temporary, transitional, permanent), which includes age and developmentally appropriate outreach and engagement, 24/7 intensive case management, wraparound services, community-based outpatient mental health services, rehabilitation and recovery services, supported housing, supported employment and education, dual diagnosis services, peer support services, diversion and reentry services, and other housing options. This work plan utilizes the Assertive Community Treatment (ACT) model (with a modified ACT model for older adults), which is an evidence-based practice that has repeatedly demonstrated effectiveness for people who have serious mental illness who have not been adequately served by the usual service system. All services are culturally competent and linguistically appropriate. This program includes three unique components as follows:

- Housing Trust Fund, based on the recommendation of the stakeholders in San Diego, unspent one-time and ongoing housing funds are used to increase permanent supportive housing opportunities for transition age youth, adults, and older adults in the CSS Full Service Partnership (FSP) integrated homeless programs. These funds are set-aside in this trust fund to leverage the development of affordable project-based permanent supportive housing for these low income clients.
- Mental Health Calendar provides mental health services for individuals with SMI who have been found guilty of a non-violent crime (either misdemeanor or felony) and are awaiting sentencing. Most individuals are repeat offenders who may have received mental health services while incarcerated or in the community and are referred for services via the justice system. The program is delivered by a specialized, multi-agency Mental Health Calendar that includes Superior Court, District Attorney, Sheriff, Public Defender, Probation, and Behavioral Health Services (Mental Health and Alcohol and Drug Services).
- Residential Integrated Treatment provides 24-hour rehabilitation and recovery services, psycho-education, care coordination, supported employment and education, and peer support services. Physical health screening, consultation, linkage, referral and follow up with primary care provider. The program develops community collaborations to provide employment, housing, and other supports for clients transitioning to independent living.
- <u>Transition Team Services</u> works to reduce psychiatric hospitalization and improve community support through short-term intensive case management services to individuals who have Medi-Cal, no current Care Coordinator, and are hospitalized at one of San Diego's Medi-Cal psychiatric hospitals.

Program was also expanded to provide a range of Case Management and peer-delivered services to persons 18-59 who are or have been living in long-term care facilities.

This program advances the MHSA goals to reduce incarceration and institutionalization, to increase meaningful use of time and capabilities, to reduce homelessness and to provide timely access to needed help for unserved and underserved individuals by providing intensive, wraparound services. In addition, this program advances rehabilitation and recovery practices by assisting clients in their personal recovery via a wellness and resilience focus, as well as in seeking and sustaining employment and educational goals.

homelessness, individuals with a high incidence of emergency and inpatient service utilization, and individuals residing in board and care

facilities, emergency shelters, and transitional housing programs.

County Name County of San Diego	Annual Number of Clients to Be Served
Work Plan Title TAOA-SD: Transition Age Youth, Adult and Older Adult System Development	12,048 Total Number of Clients By Funding Category 787 Full Service Partnerships 11,261 System Development
Population to Be Served This are a green as a green and and and are described as a green as the ATAY	Outreach & Engagement PREVENTION AND EARLY INTERVENTION
This program serves unserved and underserved transition age youth (TAY, 18 to 24 years), adults (18-59 years), and older adults (60 years and above) with serious mental illness who may have a co-occurring substance abuse disorder, and their families. Special emphasis is placed on outreach and engagement to African-Americans, Latinos, Asian/ Pacific Islanders, Native Americans, women, individuals who are homeless or at risk of	Annual Number to Be Served Total Number of Clients By Type of Prevention Early Intervention Indicated/Selected Universal

Work Plan Description

*This work plan has been consolidated and includes the following old work plans: A-3, A-4, A-5, A-6, A-10, TAY-2, TAY-4, OA-2, AOA-1, TAOA-1, TAOA-2, TAOA-4 and OA-4.

Adult System Development Services promote wellness and recovery goals, increase timely access and use of mental health services, develop self-sufficiency, and create support networks for clients through the following programs:

- <u>Bio-psychosocial Rehabilitation</u> programs provide outreach/engagement, assessment, integrated dual disorders treatment, rehabilitation/recovery services, employment/education support, and psycho-education classes. Outpatient programs have been enhanced to create levels of care, field capable services, psychiatric/primary care collaboration,
- <u>Clubhouse Services</u> are member-run programs that provide opportunities for skill development, social rehabilitation, and symptom management through an array of peer-led educational support groups and community activities. Three clubhouses primarily serve specific ethnic groups: Asian/Pacific Islanders, African-Americans, and Latinos; one is designed specifically for TAY.
- Peer Support Services offer peer education, advocacy, employment support, skill development, and social/recreational activities delivered by peer counselors. Peers lead classes including Wellness Recovery Action Planning (WRAP) and other best practice curricula. Peer counselors also provide phone support services, information on consumer rights, and necessary referrals.
- <u>Family Education Services</u> offers a series of classes to educate/support families who have relatives with mental illness. This course is taught by families and increases coping skills while encouraging involvement in the mental health system. A 'train-the-trainer' component supports family members willing to become trainers. Classes target English-, Spanish-, Vietnamese-, and Arabic-language speakers.
- <u>Supported Employment Services</u> offers job screening, preparation, development, supports, coaching, placements, and employment opportunities. This program uses the SAMHSA evidence-based practice model for Supported Employment. The goal of this program is to assist individuals in finding and maintaining competitive jobs leading to recovery and independence.
- <u>Patient Advocacy Program</u> provides advocacy services to clients residing in licensed board and care facilities. These services include forming liaisons with staff and residents; providing information on community resources and the rights and responsibilities of residents and staff; conducting site visits; and investigation of client complaints and grievances.
- Mobile Outreach Services provides engagement, mental health/substance abuse screening, benefits information, linkages, and referrals. Services are offered 24/7 to isolated seniors in-home and to the homeless, including on-site services in the community. The program also includes geriatric mental health training for providers.
- Legal Aid Support Services provides for the training and consultation of Supplemental Security Income (SSI) advocates through the Legal Aid Society of San Diego (LASSD) and serves consumers in their employed role as SSI advocates assisting other consumers through the benefit application process. LASSD provides benefits application training and support to advocates on preparation of a thorough and accurate SSI application.
- Walk-in Center is a voluntary, drop-in assessment center that provides comprehensive and integrated assessment of mental health/substance abuse, crisis intervention, follow-up appointments, telepsychiatry, and psychotropic medication management in the North San Diego County Region.
- <u>Case Management</u> is based on the Strength-Based Care Management model that provides treatment, education, and skill building activities for older adults. Outreach, screening/assessment, social skills training, co-occurring services, assistance with activities of daily living, brokerage, and support services are offered.

This work plan furthers the goals of the MHSA through implementation of rehabilitation principles proven to be effective in reducing psychiatric hospitalizations and assisting unserved and underserved persons with a mental illness to become more productive community members. These family and client-driven services also strive to reduce racial disparities in access to care, decrease the stigma of mental illness and empower peer and family involvement in the service delivery system.

which includes Native Americans, Latinos, Asians/Pacific Islanders,

C. I. N	COMMUNITY SERVICES AND SUPPORTS
County Name	Annual Number of Clients to Be Served
County of San Diego	1,920 Total
Work Plan Title	Number of Clients By Funding Category
ALL-OE: All Ages Outreach and Engagement	, , ,
The Set in riges Subsection and Engagement	Full Service Partnerships
	System Development
Population to Be Served	_ <u>1,920</u> Outreach & Engagement
This program serves seriously emotionally disturbed children (0-17 years) and seriously mentally ill transition age youth (18-24 years), adults (18-59 years), and older adults (60 years and older) who are deaf or hard of hearing or victims of trauma and torture. This program also serves uninsured individuals receiving physical health care at community clinics who are not currently receiving mental health services. Special focus is placed on individuals identified as unserved or underserved by San Diego County's Gap Analysis,	PREVENTION AND EARLY INTERVENTION Annual Number to Be Served Total Number of Clients By Type of Prevention Early Intervention Indicated/Selected Universal

Work Plan Description

and African Americans.

*This work plan has been consolidated and includes the following old work plans: ALL-1, ALL-2 and ALL-6.

This program offers a variety of outreach and engagement, and outpatient mental health services, including care coordination, linkage, and individualized/family-driven services and supports. Clients are provided with necessary linkages to appropriate agencies for psychotropic medication management if necessary, as well as services for cooccurring substance abuse disorders. Targeted services include:

- Services for the Deaf and Hard of Hearing reaches out to, and offers, specialized counseling for individuals with hearing impairments. The program provides interventions to assist clients and families to achieve a more adaptive level of functioning. Services are provided in Communication Accessible languages including, but not limited to, American Sign Language.
- Services for Victims of Trauma and Torture reaches out, engages with, and provides specialized interventions
 for these individuals, as well as trainings for other providers on working more competently and effectively with
 victims of trauma and torture.
- Mental Health Services in Community Clinics provides treatment services to uninsured individuals through a master agreement with the Council of Community Clinics for management and authorization of care and general system management. The Council of Community Clinics represents a consortium of community clinics and Indian Health Services providers in San Diego County. The goal of this program is to integrate care between the primary care provider and the mental health provider within the same clinic structure.

These services advance MHSA goals by increasing access to services for unserved and underserved individuals through an integrated system of collaboration with mental health and community providers. These services reduce mental disability and restore functioning for individuals through education, targeted services, and support for enhanced self-sufficiency. In addition, this program provides a range of rehabilitation interventions to assist persons with serious mental illness achieve a desired quality of life consistent with a bio-psychosocial approach.

proficient in the English language, and adults who prefer to speak in their native language. This plan also includes specialized Psychiatric Emergency Response Teams (PERT) that serve the

County Name County of San Diego	COMMUNITY SERVICES AND SUPPORTS Annual Number of Clients to Be Served
Work Plan Title	
ALL-SD: All Ages System Development	Number of Clients By Funding Category Full Service Partnerships
Population to Be Served	7,285 System Development Outreach & Engagement
This plan provides services to children, transition age youth (TAY), families, adults, and older adults who are unserved and underserved and have a serious mental illness or serious emotional disturbance. Targeted populations include individuals of Middle Eastern descent, Veterans, homeless individuals, Native Americans, children or TAY who are bilingual with a parent or caretaker who is monolingual, adults who are monolingual or not	PREVENTION AND EARLY INTERVENTION Annual Number to Be Served Total Number of Clients By Type of Prevention Early Intervention Indicated/Selected Universal

Work Plan Description

target population.

*This work plan has been consolidated and includes the following old work plans: ALL-4, ALL-5 and ALL-7.

This work plan offers a variety of services to individuals of all ages in the community including:

- Interpreter Services provides interpretation in multiple languages for clients and families receiving services by a clinician, case manager, psychiatrist, or other staff person at a mental health program. When services are requested, assigned interpreters travel to the program site to work with the client and care coordinator. In a situation identified as urgent, services are provided within four hours.
- Psychiatric Emergency Response Team (PERT) assists individuals in crisis that come to the attention of law enforcement. PERT seeks to optimize safe outcomes for these individuals through on-scene assessment, crisis intervention, referral, and access to appropriate services. Services are provided by a licensed mental health professional and a specially-trained PERT law enforcement officer. PERT clinicians also provide education and training to the law enforcement community. A PERT clinician also rides with the San Diego Police Homeless Outreach Team focusing on Veterans.
- Chaldean Services focuses on the Middle Eastern community who have not traditionally accessed mental health services due to cultural or language barriers. The goal of this program is to decrease stigma around mental health issues through provision of culturally competent services that increase well being and symptom management. Services are provided by bilingual and bicultural Middle Eastern mental health service professionals and include counseling, outreach and education, and training for mental health professionals on Middle Eastern populations and the manifestations of mental disorders in this population. The program collaborates with current mental health providers, Children's Welfare Services, Chaldean Catholic Church in El Cajon, Survivors of Torture & Trauma, law enforcement, and Middle Eastern providers of physical and mental health services in private practice.

This program furthers the goals of the MHSA through the implementation of rehabilitation principles that are effective in reducing psychiatric hospitalization or incarceration by utilizing the least restrictive level of appropriate care and assisting unserved and underserved persons with a mental illness to become more productive community members. These services ensure timely access to mental health care and address the disparities gap for individuals of diverse multilingual communities. Service providers collaborate with County mental health providers, increasing service integration and coordination across the system.

FY 2009/10 Mental Health Services Act Summary Funding Request

County: San Diego Date: 12/8/2009

		N	MHSA Component	t	
	css	CFTN	WET	PEI	lnn
A. FY 2009/10 Planning Estimates					
1. Published Planning Estimate ^{a/}	\$73,166,800			\$27,919,700	
2. Transfers ^{b/}	\$0	\$0	\$0		
3. Adjusted Planning Estimates	\$73,166,800	\$0	\$0	\$27,919,700	\$0
B. FY 2009/10 Funding Request					
1. Required Additional Funding in FY 2009/10 ^{c/}		\$0	\$0	\$0	\$0
2. Net Available Unspent Funds					
a. Unspent FY 2007/08 Funds ^{d/-}	\$0			\$0	
b. Adjustment for FY 2008/09 ^{e/}	\$0			\$0	
c. Total Net Available Unspent Funds	\$0			\$0	
3. Total FY 2009/10 Additional Funding Request	\$0	\$0	\$0	\$0	\$0
C. Funding					
1. Unapproved FY 06/07 Planning Estimates					
2. Unapproved FY 07/08 Planning Estimates	\$0			\$0	
3. Unapproved FY 08/09 Planning Estimates	\$0			\$0	\$0
4. Unapproved FY 09/10 Planning Estimates	\$0			\$0	\$0
5. Total Funding ^{f/}	\$0	\$0	\$0	\$0	\$0

a/ Published in DMH Information Notices

Budget Notes: No funds requested for CFTN, WET, and Innovations Components. Required funding pending further development of Work Plans.

b/ CSS funds may be transferred to CFTN, WET and Prudent Reserve up to the limits specified in WIC 5892b.

c/ From Total Required Funding line of Exhibit E for each component

d/ From FY 2007/08 MHSA Revenue and Expenditure Report

e/ Adjustments for FY 2008/09 additional expenditures and/or lower revenues than budgeted

f/ Must equal line B.3., Total FY 2009/10 Funding Request, for each component

FY 2009/10 Mental Health Services Act Community Services and Supports Funding Request

County:	San Diego	Date:	12/8/2009
County.	Sali Diego	Date.	12/0/200

CSS Work Plans				FY 09/10 Required MHSA	Estimated MHSA Funds by Service Category				Estimated MHSA Funds by Age Group			
	No.	Name	New (N)/ Approved Existing (E)	Funding	Full Service Partnerships (FSP)	System Development	Outreach and Engagement	MHSA Housing Program	Children, Youth, and Their Families	Transition Age Youth	Adult	Older Adult
1.	CY-FSP	Full Service Partnership - Children & Youth	E	\$5,694,326	\$5,694,326				\$5,694,326			
2.	CY-SD	System Development - Children & Youth	Е	\$7,474,692	\$164,220	\$7,310,472			\$7,474,692			
3.	CY-OE	Outreach & Engagement - Children & Youth	Е	\$3,517,200			\$3,517,200		\$3,517,200			
4.	TAOA-FSP	Full Service Partnership - TAY, Adult, & Older Adult	Е	\$23,264,083	\$23,264,083			\$2,663,000		\$4,304,953	\$16,985,261	\$1,973,869
5.	TAOA-SD	System Development - TAY, Adult, & Older Adult	Е	\$16,197,803	\$1,019,685	\$15,178,118				\$2,063,198	\$11,884,418	\$2,250,187
6.	ALL-SD	System Development - All Ages	Е	\$1,804,000	\$79,205	\$1,724,795			\$599,184	\$319,003	\$697,695	\$188,118
7.	ALL-OE	Outreach & Engagement - All Ages	Е	\$2,067,784			\$2,067,784		\$553,386	\$401,108	\$876,807	\$236,484
41.	41. Subtotal: Work Plans ^{a/}				\$30,221,519	\$24,213,385	\$5,584,984	\$2,663,000	\$17,838,788	\$7,088,262	\$30,444,181	\$4,648,658
42. Plus County Administration \$7,31				\$7,312,161								
43. Plus Optional 10% Operating Reserve				\$6,733,205								
44. Plus CSS Prudent Reserve ^{b/}												
45. Total MHSA Funds Required for CSS				\$74,065,254								

a/ Majority of funds must be directed towards FSPs (Title 9, California Code of Regulations Section 3620(c)). Percent of Funds directed towards FSPs= b/Transfers to Capital Facilities and Technological Needs, Workforce Education and Training, and Prudent Reserve are subject to limitations of WIC 5892b.

50.35%

Budget Notes: